## **FEE TRANSMITTAL**

# Electronic Version v08

## Stylesheet Version v08.0

Title of Invention

SYSTEMS FOR DEEP RESISTIVITY WHILE DRILLING FOR PROACTIVE GEOSTEERING

**Application Number:** 

Date:

First Named Applicant:

JEAN SEYDOUX

Attorney Docket Number:

24.0897

## **TOTAL FEE AUTHORIZED \$ 1216**

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as large entity

#### **BASIC FILING FEE**

Fee Description	Fee Code	Amount \$	Fee Paid \$					
Itility Filing Fee 1001		770	770					
Subtotal For Basic Filing Fees: \$ 770								

#### EXTRA CLAIM FEES

Fee Description	Extra Claims	Fee Code	Amount \$	Fee Paid \$			
Total Claims : 33	13	1202	18	234			
Independent Claims: 5	2	1201	86	172			
Subtotal For Extra Claims Fee							

#### **ASSIGNMENT FEES**

Fee Description	Property Number	Quantity	Fee Code	Amount \$	Fee Paid \$	
Recording Each Patent Assignment Per Property Fee	00000000	1	8021	40		
			Subtot	al For Addition	nal Fees: \$	

### **AUTHORIZED BILLING INFORMATION**

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number:

190610

**Access Code** 

Deposit name:

SCHLUMBERGER OILFIELD SERVICES

Deposit authorized name:

**BRIGITTE L. JEFFERY** 

Signature:

**BRIGITTE L. JEFFERY** 

10707985 03/30/2004 BHRBTEW 00000002 190610

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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/707885

CLAIMS AS FILED - PART I (Column 1) (Column 2)						mn 2)	SM. TYI	ALL EI	YTITY	OR	OTHER SMALL	
TOTAL CLAIMS			33				F	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	385.00	OR	BASIC FEE	77,0.00
TC	TAL CHARGEA	BLE CLAIMS	93 min	us 20=	*	13	$\rightarrow$	<b>(\$ 9=</b>		OR	X\$18=	234
IND	EPENDENT CL	AIMS	J mir	nus 3 =	*	2	>	<b>K43</b> =		OR	X86=	172
MU	ILTIPLE DEPEN	IDENT CLAIM PR	RESENT				1	145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0"				"0" in c	olumn 2	T	OTAĻ	•	OR	TOTAL	1176	
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AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA	R	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		+	1.45=		OR	+290=	
							400	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)	ADD	// I. / LL (				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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L_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+	145=		OR	+290=	
						<b>A</b> DD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE		
		 (Column 1)		(Colur	nn 2)	(Column 3)	700	// . / CC ·		_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	R	RATE	ADDI- TIONAL FEE		PATF.	ADDI- TIONAL FEE
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MEN	Independent	*	Minus	***		=	×	(43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						145=			+290=		
•	If the entry in colu	mn 1 is less than th	ne entry in colu	mn 2, write	e "0" in co	lumn 3.		TOTAL		OR	TOTAL	-
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												